



STATE OF MICHIGAN

JENNIFER M. GRANHOLM
GOVERNOR

DEPARTMENT OF NATURAL RESOURCES
LANSING

REBECCA A. HUMPHRIES
DIRECTOR

July 30 2004

To: Crossbow Applicant

From: DNR-License Control, Customer Systems

Subject: Application/Permit to Take Game with a Crossbow

Enclosed please find your "Application/Permit to Take Game with A Crossbow."

In order to facilitate processing your application, please make sure all applicable sections are completely filled out. Check any pre-printed information for errors and correct if necessary. Complete Section I with Applicant and Physician's information, and then either Section II or Section III, whichever applies to your situation.

In Section III please be sure the following information is completed.

- Physical therapist's name and number
- Applicable boxes are checked (tests performed)
- The yes or no boxes on two questions
- The Physician's signature and date

The application will be returned to you if there is any missing information.

Please retain a copy of the completed application for your files. Please do not copy or fax your application back, we must have the original signed document and will not approve faxes or copies. Allow two to four weeks for processing. Incomplete applications will delay processing even longer.

If you have any questions, regarding your application, please contact Ms. Cecilia Gilson, Customer Systems at 517-335-3274.

We look forward to receiving your application.

Enclosure